

File

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER:	2. STATE:
		0 0 — 0 1 7	MA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX	
		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">October 1, 2000</div>	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center;">Section 1902(r)(2) of the Act, Section 1931 of the Act.</div>		7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;">Attachment 2.6-A: Supplement 8A Supplement 12</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <div style="text-align: center;">Same</div>	
10. SUBJECT OF AMENDMENT: <div style="text-align: center;">Treatment of Income</div>			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CFR 430.12(b)(2)(i)	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="text-align: center;"><i>Wendy E. Warring</i></div>		16. RETURN TO:	
13. TYPED NAME: <div style="text-align: center;">Wendy E. Warring</div>		Bridget Landers	
14. TITLE: <div style="text-align: center;">Commissioner</div>		Coordinator for State Plan	
15. DATE SUBMITTED: <div style="text-align: center;">December 29, 2000</div>		Division of Medical Assistance	
		600 Washington Street	
		Boston, MA 02111	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">December 29, 2000</div>		18. DATE APPROVED: <div style="text-align: center;">March 29, 2001</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">October 1, 2000</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;"><i>Ronald Preston</i></div>	
21. TYPED NAME: <div style="text-align: center;">Ronald Preston</div>		22. TITLE: Associate Regional Administrator	
		Division of Medicaid and State Operations	
23. REMARKS:			

Revision: HCEA-PM-00-1 Supplement 8A to Attachment 2.6-A
February 2000 ADDENDUM

State Plan Under Title XIX of the Social Security Act

State: Massachusetts

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

x For all eligibility groups not subject to the limitations on payment explained in section 1903(f) of the Act*: All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded. All federal unemployment benefits paid following the termination of Census Bureau employment related to Census 2000 activities are also excluded.

* Less restrictive methods may not result in exceeding gross income limitations under section 1903(f).

TN: 00-017
Supersedes: 00-007

Approval
Date: 03-29-01

Effective
Date: 10/1/00

Revision: HCFA-PM-00-1
February 2000

Supplement 12 to Attachment 2.6-A
ADDENDUM

State Plan Under Title XIX of the Social Security Act

State: Massachusetts

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded. All federal unemployment benefits paid following the termination of Census Bureau employment related to Census 2000 activities are also excluded.

X The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

Census income was not listed as excluded income in the Title IV-A State plan in effect on July 16, 1996; therefore, census income was countable in determining eligibility for Medicaid.

TN: 00-017
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Approval
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Date: 10/1/00